

UNITED WAY PLEDGE FORM

601 CR 17, PO Box 3048, Elkhart, IN 46516 | crossroadsuw.org
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Crossroads
UNITED WAY

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MY INFORMATION

I wish to remain anonymous ☐

We respect your privacy and do not share your information with third parties.

First Name		M.I.	Last Name		Birthdate	Gender
Street Address		City		State	Zip Code	
Primary Phone		☐ Home	☐ Mobile	☐ Work	Preferred Personal Email	
Employer Name (if giving through the employer campaign)						

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MY CONTRIBUTION

EASY PAYROLL DEDUCTION

I will contribute this amount each pay period:

☐ \$2 ☐ \$5 ☐ \$10 ☐ \$15 ☐ \$20

☐ Other: \$

Pay Periods Per Year

☐ Weekly (52) ☐ Bi-Weekly (26)

☐ Semi-Monthly (24) ☐ Monthly (12)

☐ Other Pay Period option

☐ I would prefer a one-time deduction.

TOTAL PAYROLL DEDUCTION \$

MAKE AN IMMEDIATE GIFT

☐ Cash ☐ Check # (payable to Crossroads United Way)

☐ One-time/recurring Credit Card

To ensure your privacy, donate at:
crossroadsuw.org



☐ Donor Advised Funds

BILL ME (starting January)

☐ Quarterly ☐ Semi-Annually

☐ Annually

TOTAL \$

What Your Generosity Makes Possible

- **\$2/week (\$104 annually)** provides 30 meals to families when times are tough
- **\$5/week (\$260 annually)** supports educational success for local children
- **\$10/week (\$520 annually)** helps 50 local residents improve their health

Donor/Leadership Recognition

Donors giving a gift of \$1000 or more will be recognized in our Annual Report.

Give a Gift of Time

☐ I would like to volunteer with Crossroads United Way.

Follow the Impact of Your Gift

☐ Keep me updated. I'd like to receive your monthly newsletter via email.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution.

Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

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MY IMPACT OPTIONS

☐ Apply my contribution where it is most needed.

☐ Invest my contribution in: ☐ Community Resiliency ☐ Healthy Community
☐ Financial Security ☐ Youth Opportunity

☐ Designate to another United Way:

A minimum \$50 contribution is required for each designation. All designations to another United Way or nonprofits not selected as community partners are subject to a processing fee.

☐ Designate to a specific health and human services agency:

Agency Name and Address (must be 501(c)(3) nonprofit)

Signature:

Date: